at all three tests for Yes 🔲 No 🔀	a spouse or dependent child because they mee	varned" income, or liabilities of Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
lave you excluded Yes No No	other "excepted trusts" need not be disclosed. F	nmittee on Ethics and certain c ependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
: QUESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	UST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	LY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
9	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
\$5,000 from a Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
arrangement with an Yes No No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
g the reporting yes No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	H OF THESE QUES	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	13 12019	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 14 (146)
18 APR 20 PH 1: 26 /1/	5	Daytime Teleph	Name: Kentel Diou White
Page 1 of 2	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Kentel D White

	Diversity Group	told(401)	ABC Medge Fund X	Examples: Simon & Schuster	SP, SP, EIF DC, Mega Corp Slock	crest-bearing accounts. If the total is over it leads to very financial institution where there is han \$1,000 in interest-bearing accounts. Its every financial institution where there is han \$1,000 in interest-bearing accounts. Intal and other real property held for investment, to a complete address or description, e.g., 'property,' and a city and state. Ownership interest in a privately-held business not publicly traded, state the name of the s, the nature of its activities, and its hic location in Block A. Your personal residence, including second 1 vacation homes (unless there was rental ing the reporting period); and any financial. Or income derived from, a federal program, including the Thrift Savings Plan. I have a privately-traded fund that is an Excepted astment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depandent child (CC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		is a district	Assets and/or Income Sources	BLOCK A
		×	×	indefinite	×	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000	A B C D E ド G エ	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	вгоск в
			Partnership Income	Royalties	×		z	d. If you Check all columns that apply. For eccounts, please that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, I and is interest, and capital gains, even if should reinvested, must be disclosed as income for assets held in taxable accounts. Check pendent "None" if the asset generated no income during the reporting period.	Type of Income	вгоск с
			×	×	×	None \$1-\$200 =- \$201-\$1,000 =- \$1,001-\$2,500 <-	Current Year	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sassets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galins, even if rehirvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. **Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	вьоск р
			×	×	×	\$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500	Preceding Year	C, you may check the "None" column. For all other appropriate box below. Dividends, interest, and is income for assets held in taxable accounts. At child in which you have no interest.	ncome	

Use additional sheets if more space is required.

ASSET NAME AND THE THAT THE WAY.	Assets and/or	
	sets and/or	
	Assets and/or Income Sources	BLOCK A
		_
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\$1,001-\$15,000		
\$15,001-\$50,000		
\$50,001-\$100,000 m	∀ a	
\$100,001-\$250,000	Lie	뜯
\$250,001-\$500,000 ත	9	BLOCK B
\$500,001-\$1,000,000 ±	Value of Asset	В
\$1,000,001-\$5,000,000 —	ě	
\$5,000,001-\$25,000,000		
\$25,000,001-\$50,000,000		
Over \$50,000,000		
Spouse/DC Asset over \$1,000,000° ■		
NONE		
DIMDENDS		
RENT	_	
INTEREST	Ϋ́	
	of	BLU
CAPITAL GAINS	Type of Income	BLOCK C
EXCEPTED/BLIND TRUST	ĕ	
TAX-DEFERRED	ē	
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
None -		
\$1-\$200 =		
\$201-\$1,000 =		
\$1,001-\$2,500 <		
\$2,501,\$5,000 < 🖸		
\$2,501-\$5,000 < Current Year \$5,001-\$15,000 \(\leq \) \$5,001-\$15,000 \(\leq \) \$5,001-\$15,000 \(\leq \) \$50,001-\$100,000 \(\leq \) \$8		
\$15,001-\$50,000 \(\leq\)		
\$100,001-\$1,000,000 ヌ		
\$1,000,001-\$5,000,000 ×	₽	
Over \$5,000,000 ≚	Amount of Income	_
Spouse/DC income over \$1,000,000*	nt c	Š
None —	<u> </u>	BLOCK D
\$1-\$200 =	00	•
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\$2,501-\$5,000 < \$\vec{p}{0}\$		
\$1,001-\$2,500 < Preceding \$2,501-\$5,000 < COMMING TO THE PROPERTY OF THE PROPE		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Kentul Dwhite Page_

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Radiatory Grap Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Beard of Education 7(1) share mach Honorarium
Salary
Spouse Speech
Spouse Salary Type **Current Year to Filing** Amount N N Preceding Year

SCHEDULE D - LIABILITIES

Name: 1000 Page_ 7 ್ಲ

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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		Date		>	do .	ი	0	3	ъ	9	π		_	r) ~
SP. DC, JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
hhe	Diport, of Educatori	4//4	Study Cons				X							
S\$	trans rotor bret	12/17	Cur (lease)		×									
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

_		,	
			Position
			n Name of Organization

SCHEDULE F - AGREEMENTS

Name: Kentrel Ninto Page S

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former Date Parties to Agreement Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

901000000000000000000000000000000000000	generally instrumental particular and investment an	
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
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FILER NOTES (Optional)

Name: Centre Dubit

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